INDEPENDENT DIAGNOSTIC TESTING FACILITIES—SITE INVESTIGATION 42 CFR § 410.33

Da	ate Ordered:			
	Date of First Visit: Time:			_
	Date of Second Visit: Time:			_
1.	. REASON FOR VISIT			
	□ Initial/Change □ Revalidation □ Appeal □ Ad Hoc/	Unannounced Vis	it	
FAC	CILITY NAME			
AU	THORIZED REP	NATIONAL	PROVIDER II	DENTIFIER
PRA	ACTICE LOCATION (PHYSICAL STREET ADDRESS)			
CIT	·Y	STATE		
ZIP	CODE	BUSINESS T	ELEPHONE N	IUMBER
<u> </u>	. INSPECTION			
No	unable to conduct site visit for any reason, explain below and stop. ote: Performance Standard # 14 allows CMS/Contractors to conduct unannoun	nced on-site inspec	ctions.	
_	FACILITY INFORMATION			
Pe	rformance Standard # 3 requires IDTFs to maintain a physical facility on an ☐ Office Suite-Mall ☐ Office Suite-Office Building ☐ Private ☐ Other. Please describe:		□ Wareł	nouse
a.	Is the ITDF located on an appropriate site?		□ No	
b.	Is the IDTF handicap accessible?	□ Yes	□ No	
c. d.	What is the approximate size of the supplier's facility? Were there patients in the facility during the inspection?	□ Yes	□ No	
e.	If a stationary IDTF, does the facility contain adequate space for testing, inclual tests listed on the enrollment application, facilities for hand washing, adequate space for testing and tests listed on the enrollment application, facilities for hand washing, adequate space for testing and the statement of the statement application and the statement of the sta	uding	□ 110	
	patient privacy accommodations, and storage of business and medical records		□ No	□ N/A
f.	If a mobile facility, does the mobile unit have access to facilities for hand wa adequate patient privacy accommodations, and a home office location for the	•		
	storage of business and medical records?	□ Yes	□ No	□ N/A
If '	"No", describe.			

Performance Standard # 14 requires IDTFs to maintain a visible sign posting the normal business hours of the IDTF.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUN	DAY
FACILITY INFO		IDEE . 1	11 12 11 .		9.11		•.
rtormance Star cluding mobile I	_	es IDTFs to have	all applicable tes	sting equipment	available at the	stationar	y site,
Is applicable to	estina aquinment	available for incr	paction at the phy	usical site or			
mobile vehicle		available for insp	bection at the phy	ysical site of	□ Yes	□ No	
Does the IDTF	maintain a diagi	nostic testing equ	ipment catalog, i	including			
serial/registrati					□ Yes	□ No	
Did the IDTF in 2 business day		equipment availa	ble for inspectio	n within	□ Yes	□ No	□ N/A
•		regarding equipr	ment changes?		⊢ Yes	□ No	- 101
	& RECORDS						
. TELEPHONE 8		es IDTFs to maint	ain a primary bu	usiness phone u	nder the name o	of the busin	ness.
. TELEPHONE &	ndard # 5 require	es IDTFs to maint		-		of the busing D	ness.
. TELEPHONE & erformance Star Is the business Is the business	telephone locate telephone number	d at the IDTF or a	home office for	a mobile IDTF?	□ Yes	□ No	ness.
Is the business available throu	telephone locate telephone number gh directory assis	d at the IDTF or a stance?	home office for a	a mobile IDTF?	□ Yes	□ No	ness.
Is the business available throu	telephone locate telephone number gh directory assistelephone number	d at the IDTF or a er listed in local t stance? er listed under the	home office for a	a mobile IDTF? ory or is it	□ Yes	□ No □ No □ No	ness.
Is the business available throuses Confirmed by:	telephone locate telephone number directory assistelephone number United White/Yell	d at the IDTF or a er listed in local t stance? er listed under the	home office for a elephone director business name? Viewed phone l	a mobile IDTF? ory or is it continuous distribution of the c	□ Yes □ Yes □ Yes ctory Assistance	□ No □ No □ No	ness.
Is the business Is the business available throu Is the business Confirmed by:	telephone locate telephone number gh directory assistelephone number White/Yell dard # 8 require	d at the IDTF or a ser listed in local to stance? The listed under the low Pages	home office for a elephone director business name? Viewed phone I tain a protocol re	a mobile IDTF? ory or is it continuous distribution of the c	□ Yes □ Yes □ Yes ctory Assistance	□ No □ No □ No	ness.
Is the business available throu Is the business Confirmed by:	telephone locate telephone numbe gh directory assistelephone numbe White/Yell dard # 8 require ier have a written	d at the IDTF or a stance? er listed under the low Pages es IDTFs to maint	home office for a elephone director business name? Viewed phone I tain a protocol resultion procedure	a mobile IDTF? ory or is it continuous distribution of the co	☐ Yes☐ Yes☐ Yes☐ Yesctory Assistance	□ No □ No □ No □ no e	ness.
Is the business available throu Is the business Confirmed by: erformance Star Does the supplerformance Star Has the IDTF	telephone locate telephone numbe gh directory assis telephone numbe White/Yell dard #8 requires ier have a written dard #9 requires	d at the IDTF or a ser listed in local to stance? er listed under the low Pages es IDTFs to maint a complaint resolution of the complaint re	home office for a elephone director e business name? Viewed phone I tain a protocol re- ution procedure	a mobile IDTF? ory or is it continuous distribution of the co	☐ Yes☐ Yes☐ Yes☐ Yesctory Assistance ciaries' complain☐ Yes view.	□ No □ No □ No e nts. □ No	ness.
Is the business Is the business available throu Is the business Confirmed by: rformance Star Does the suppl	telephone locate telephone numbe gh directory assistelephone numbe White/Yell adard #8 requires ier have a written adard #9 requires	d at the IDTF or a ser listed in local to stance? er listed under the low Pages es IDTFs to maint a complaint resolution of the complaint re	home office for a elephone director e business name? Viewed phone I tain a protocol re- ution procedure	a mobile IDTF? ory or is it continuous distribution of the co	☐ Yes☐ Yes☐ Yes☐ Yesctory Assistance	□ No □ No □ No □ no e	ness.

_	. COMPREHENSIVE LIABILITY INSURANCE	
Pe	erformance Standard #6 requires IDTFs to have comprehensive liability in refacility.	surance in the amount \$300,000
Re	equest that the IDTF provide a copy of the insurance binder as well as the following	owing information:
NA	ME OF INSURANCE COMPANY	
INS	SURANCE POLICY NUMBER	
DA	TE POLICY ISSUED	EXPIRATION DATE OF POLICY
INS	SURANCE AGENT'S NAME	
INS	SURANCE AGENT'S TELEPHONE NUMBER	FAX NUMBER
INS	SURANCE AGENT'S E-MAIL ADDRESS	
UN	DERWRITER'S AGENT'S NAME	
UN	DERWRITER'S AGENT'S TELEPHONE NUMBER	FAX NUMBER
UN	DERWRITER'S E-MAIL ADDRESS	
	Is the insurance agent also the underwriter for this policy?	□ Yes □ No
	If yes, obtain written proof from the insurance company attesting that the ag	gent is also the underwriter.
7.	. EQUIPMENT CALIBRATION	
	erformance Standard #11 requires IDTFs to calibrate diagnostic equipment in structions.	n accordance with manufacturer's
a.	Does the IDTF have proof that diagnostic equipment has been calibrated in with manufacturer's instructions?	accordance □ Yes □ No
If	"No", describe.	

Performance Standard #12 requires IDTFs to have technic the tests.	cal staff on duty with the appropriate c	redentials to perform
a. Can the IDTF furnish the applicable Federal/State licens the individuals performing these services?	ses and/or certifications for	□ No
b. Can technical staff identify the supervising physician the of the CMS-855B?	at are listed in Attachment 2	□ No
c. Are the technician(s) listed on the CMS in Attachment 2 contained on the CMS-855B?	2 performing the test	□ No
If "No", describe.		
9. MEDICAL RECORDS		
Performance Standard #13 requires IDTFs to have proper upon request within 2 business days.	medical record storage and be able to	retrieve medical records
a. Can the IDTF furnish medical records?	□ Yes	□ No
If "No", describe.		
10. ADDITIONAL COMMENTS		
11. INSPECTOR INFORMATION AND SIGNATURE		
I certify that, to the best of my knowledge and belief, the res	sponses on this worksheet accurately r	eflect the information
that has been obtained during this site visit.	sponses on this workshoot accurately i	eneet the information
PRINTED NAME OF SITE VISIT INSPECTOR	DATE	OF INSPECTION
SIGNATURE OF SITE VISIT INSPECTOR	!	

8. TECHNICAL STAFF

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1029. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.